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TO: ISSUE FEE

NO. 5553 P. 1

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2777 7590 11/19/2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Jacqueline Pintinics (Depositor's name)  
(Signature)  
12/1/2008 (Date)

02/11/2008 FMETEK12 00000099 100750 10716976

01 FC:2501 720.00 DA  
02 FC:1504 APPLICATION DA FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  
10716,976 11/19/2003 Julius L. Remenar MCN-5003-USCNT2 7561

TITLE OF INVENTION: TOPIRAMATE SALTS AND COMPOSITIONS COMPRISING AND METHODS OF MAKING AND USING THE SAME

| APPLN. TYPE             | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-------------------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional          | YES          | \$720          | \$300               | \$0                  | \$1020           | 02/19/2008 |
| EXAMINER                | ART UNIT     | CLASS-SUBCLASS |                     |                      |                  |            |
| MCINTOSH III, TRAVISS C | 1623         | 514-023000     |                     |                      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ortho-McNeil Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Raritan, NJ

Recorded: 05/27/2003

Reel/Frame: 014103/0241

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Mary Appollina

Typed or printed name

Mary Appollina

Date 2/1/2008

Registration No. 34,087

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